DIRECTIONS V

DIRECTIONS FOR DOCUMENTATION OF
ATTENTION DEFICIT DISORDERS (ADD/ADHD)

FROM YOUR UNDERGRADUATE SCHOOL If your Disability was diagnosed while you were in undergraduate school, request:
1. A copy of your last accommodations you received while attending there.
2. A copy of your last Admission, Review and Dismissal (ARD) meeting that describes classroom modifications implemented in your last educational setting.

FROM OUTSIDE TESTING AGENCIES:
An official notice of testing accommodations granted for the LSAT if you received accommodations.

IF RECORDS ARE NOT FROM AN UNDERGRADUATE SCHOOL OR YOU WERE NOT PREVIOUSLY DIAGNOSED WITH ADD/ADHD:
You must submit a comprehensive, individualized, Psycho-Educational Evaluation.

What is it? A 4-6 hour battery of tests and information about you

Who conducts it? A Professional trained in evaluating Adolescent or Adult ADD/ADHD and Learning Disabilities, such as a school Psychologist. Medical Psychiatrists are qualified to diagnose ADD/ADHD, but some do not conduct the educational component of the evaluation. Some clinics offer joint evaluations with two specialists, one for the medical component, and one for the educational component. The counseling office can also give you referrals. Show this page to the person(s) conducting the evaluation.

What tests are given? 1. An IQ test such as the Wechsler Adult Intelligence Test
                            2. Standardized, individualized, achievement tests in Reading Comprehension, Reading Decoding, Written Expression for Content and Mechanics, Math Reasoning and Computation, Listening, and Speaking, Screening Devices such as Wide Range Achievement Test are unacceptable.
                            3. Formal and/or informal tests to diagnose ADD/ADHD

What must be in the report in order to obtain accommodations?
1. Background information: developmental history, medical history, primary language dominance, past and current academic functioning, previous evaluations, and a history of services for disabilities. This information can be gathered from previous evaluations, self-reports, report cards, and transcripts.
2. All standardized test scores and subtest scores, including percentiles.
3. Interpretation of test results.
4. A specific diagnosis of ADD/ADHD, as described in the DSM IV Manual; a discussion of coexisting diagnoses and the way alternative explanations were ruled out.
5. A clear and specific statement of how the ADD/ADHD substantially impairs work and learning, information in the evaluation.
6. Suggested accommodations, with a specific rationale for each. Properly substantiated, the University will not question a professional’s diagnosis of a student’s disability of ADD or ADHD. Nevertheless, the accommodations will not be provided without additional, specific documentation. For instance, the presence of distractibility will not automatically warrant accommodations such as extra time on examinations, without supporting data from the educational tests.

Documentation for Attention Deficit Disorders1 of 2
RECOMMENDED NONSTANDARD CLASSROOM AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

_____ specified seating (front, back, middle, end in a classroom)
_____ restroom breaks if necessary (classes are about 50 minutes in length)
_____ other (specify ________________________ )
_____ braille version of exam of books
_____ enlarged print of exam (12 pt. Font is used)
_____ use of magnifying glass
_____ other special devices (specify ________________________ )
_____ reader
_____ special assistance in gridding scantron
_____ additional testing time
_____ sign language interpreter
_____ audio cassette version of exam
_____ separate testing area (section of classrooms, separate room if available)
_____ breaks (specify ________________________ )
_____ food or drinks during exam
_____ medication during exam
_____ water during exam
other: ________________________________

I understand that this completed Form V must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

________________________________________  __________________________
Signature of Licensed Physician/Licensed Professional            Date